

For questions contact Price Posting at (916) 263-6844.

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2. LICENSEE NAME	7. SHEET NUMBER	DATE
3. DOING BUSINESS AS (DBA)	8. SUPERSEDING SHEET NUMBER	DATE
4. PREMISES ADDRESS (Street number and name, city, state, zip code)	9. COUNTY AND TRADING AREA WITHIN COUNTY (If any)	
	10. THIS IS A FIRST AND ORIGINAL SCHEDULE OF PRICES <input type="checkbox"/> Yes <input type="checkbox"/> No	
	11. SCHEDULE IS FILED TO MEET LOWER POSTED AND FILED COMPETING PRICES <input type="checkbox"/> Yes (If Yes, Answer Questions 12-14) <input type="checkbox"/> No	
5. PHONE NUMBER ()	12. WHICH DISTRIBUTOR	
6. CURRENT LICENSE NUMBER	13. WHICH BRAND	14. WHICH COUNTY

SCHEDULE INFORMATION

15. BRAND AND BEVERAGE	16. PACKAGE	17. CONTENTS	18. PRICES TO		19. F.O.B. OR DELIVERED	20. CONTAINER CHARGE/ DEPOSIT	21. FREIGHT ON EMPTIES
			WHOLESALERS	RETAILERS			
22. AUTHORIZED SIGNATURE				23. TITLE		24. DATE SIGNED	